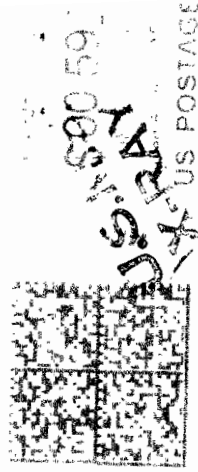


Office of the Clerk  
United States District Court  
844 N. King Street, Lockbox 18  
Wilmington, Delaware 19801-3570

OFFICIAL BUSINESS

U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

2008 AUG 26 PM 1:36



08cv491

Phillip Allen  
Postal Department 508  
Odessa, DE 19730

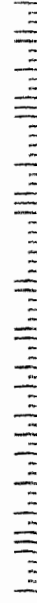
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RETURN TO SENDER  
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EC: 19099001818 \*1727-21945-20-39

19730+03999900018



IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

PHILLIP ALLEN, <i>also known as</i>	)	
Phillip A. Dye, and REBECCA	)	
JANE,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	Civ. No. 08-491-SLR
	)	
FICTITIOUS FOREIGN STATE,	)	
STATE OF DELAWARE, INDYMAC	)	
BANK FSB,	)	
	)	
Defendants.	)	

**ORDER**

At Wilmington this ~~30<sup>th</sup>~~ day of August, 2008,  
the court having reviewed the application to proceed without prepayment of fees under  
28 U.S.C. § 1915, to find that it was incomplete;

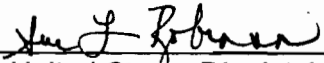
IT IS ORDERED that:

Plaintiff Phillip Allen shall, within twenty-one days from the date of this  
order, **either:** (1) complete questions 2 b. and 6 of the application to proceed without  
prepayment of fees form, and return the application to the Clerk of Court, **or** (2) pay in  
full the \$350.00 filing fee.

Plaintiff Rebecca Jane shall, within twenty-one days from the date of this  
order, **either:** (1) complete an application to proceed without prepayment of fees form,  
and return the application to the Clerk of Court, **or** (2) pay in full the \$350.00 filing fee.

**Failure to timely comply with this order shall result in dismissal of**

**this case without prejudice.**

  
United States District Judge

## UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

Plaintiff

V.

Defendant

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

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4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☐ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

---

Date

---

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 240 (Rev. 10/03)

## UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

Plaintiff

V.

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant ☐ other

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Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☐ No
- a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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AO 240 Reverse (Rev. 10/03)

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6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.